## FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMIS

Washington, D.C. 20549

FORM D

SEP 1 1 20d

OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response......16.00

OMB APPROVAL

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** NIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY Prefix Serial Date Received

	an amendment and name has changed, and indicate chang	
Series A Convertible Preferred Stoc	k and Series A-1 Convertible Preferred Stock Fi	nancing
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE
	Amendment	· / <del>-</del>
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	ne issuer	
Name of Issuer ( Check if this is an an HPA Holding Corporation	mendment and name has changed, and indicate change.)	
Address of Executive Offices 288 Walnut Street, Newtonville, MA	(Number and Street, City, State, Zip Code) 02460	Telephone Number (Including Area Code) 617-965-0565
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Same as above.		Same as above.
Brief Description of Business		
	tplace via the internet that helps manufacture g a suite of industry tools for the home design i	dustry.
Type of Business Organization		other (please specify):
⊠ corporation	☐ limited partnership, already formed ☐	other (please specify):
business trust	☐ limited partnership, to be formed	@ Trans.
Actual or Estimated Date of Incorporation	or Organization: on: (Enter two-letter U.S. Postal Service abbreviation for	■ Actual □ Estimated THOMSOM
Jurisdiction of Incorporation of Organizati	CN for Canada; FN for other foreign jurisdiction)	State:  D E  FINANCIAL

## GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in PartsA and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those statehat have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:

  - Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the voteor disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.

	,	•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				
Rouse, Rolly					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)	·	
c/o HPA Holding Corporation, 28	8 Walnut Street, N	lewtonville, MA 02460			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				Trianaging Father
Ashbrook, Tom					
Business or Residence Address	(Numbe	r and Street, City, State, Z	ip Code)		
c/o HPA Holding Corporation, 28	R Walnut Street N	Jewtonville MA 02460			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if ind	ividual)		<del> </del>		Managing Partner
	,				
Hammond, Jean Business or Residence Address	Numbe	er and Street, City, State, Z	Lip Code)		
Charle Boy(as) that Apply	88 Walnut Street, N	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, if ind	ividual)				
McDonagh, Todd					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
c/o HPA Holding Corporation, 28	38 Walnut Street, N	lewtonville, MA 02460			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)				Trianaging Tarbier
Moore, William					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
c/o HPA Holding Corporation, 28	R Walnut Street N	Jewtonville MA 02460			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if ind	ividual)				Managing Partner
Clifford, Marcia					
Business or Residence Address	(Numbe	er and Street, City, State, Z	Lip Code)	·	
c/o HPA Holding Corporation, 28	RR Walnut Street N	Jewtonville MA 02460			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if ind	lividual)				Managing Partner
Tun Name (East name 1115t, 11 me	ii v iduui j				
Business or Residence Address	(Numbe	er and Street, City, State, 2	Zip Code)		
	`	, .,	•		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if inc	lividual)				Managing Partner
Business or Residence Address	(Numbe	er and Street, City, State, 2	Zip Code)		
		· · · · · · · · · · · · · · · · · · ·	<del></del>		

				B. INFO	ORMATIO	N ABOUT	OFFERD	NG				
1. Has the iss	war cold o	r doos the is	cuar intana			_					Yes	No 🖂
1. Has the iss	suei soiu, o	i does the is						Ū				
			Ansv	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is the	e minimum	investmen	t that will b	e accepted	from any in	ndividual?.	•••••••	••••••	•••••••	•••••	\$_10,00	
3. Does the o	offering per	mit joint ov	vnership of	a single un	it?					***********		N₀ □
If a person or states, li a broker or	n or similate to be listed ist the name dealer, you	r remunerat I is an assoc e of the brol u may set fo	ion for soliciated person ker or dealed orth the info	citation of point or agent er. If more	has been of purchasers it of a broker than five (5 or that broke	in connection or dealer re  ) persons to	on with sale egistered w o be listed a	es of securite ith the SEC	ies in the o and/or with	ffering. n a state		
Full Name (L	ast name fi	rst, if indiv	idual)									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip (	Code)						
Name of Asso	ociated Bro	ker or Deal	er			_						
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Pure	hasers						
		or check ind										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Business or R	Residence A	Address (Nu	mber and S	treet, City,	State, Zip	Code)						
Name of Asso	ociated Bro	ker or Deal	er			_						
States in Whi					Solicit Pur		, . <u></u>					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	irst, if indiv	idual)									
Business or R	Residence A	ddress (Nu	mber and S	Street, City,	State, Zip	Code)		i				
Name of Asse	ociated Bro	ker or Deal	er		<u>.</u>							
States in Whi		Listed Has				chasers				·		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
fRII	ISC1	[SD]	[TN]	[TX]	птт	ſVTÌ	[VA]	[WA]	ſWVI	rwn	IWYI	

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>N/A</u>	\$ <u>N/A</u>
	Equity (Series A Preferred Stock)	\$ <u>1,794,000</u>	\$ <u>1,640,000</u>
	Equity (Series A-1 Preferred Stock)	\$ <u>1.875,000</u>	\$ 900,000
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$_N/A_	\$ N/A
	Partnership Interests	\$ N/A	· · · · · · · · · · · · · · · · · · ·
	Other (Specify)	\$ N/A	
	Total	\$ 3,669,000	<del></del>
	Answer also in Appendix, Column 3, if filing under ULOE.	·	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings underRule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors	11	\$ <u>2,540,000</u>
	Non-accredited Investors	N/A	\$ N/A
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securifes by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amoun
	Rule 505	Security N/A	Sold \$_N/A
	Regulation A	N/A	
	Rule 504	N/A	
	Total	N/A	-
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	N/A	5_IV/A
	Transfer Agent's Fees	***********	<b>□</b> \$ _ N/A _
	Printing and Engraving Costs		■ \$N/A
	Legal Fees		
	Accounting Fees		■ \$
	Engineering Fees		⊠ \$N/A
	Sales Commissions (specify finders' fees separately)		■ \$N/A
	Other Expenses (identify) Blue Sky Filing Fees CT, MD, NJ, NH.		
	Total		

C. OFFERING PRICE	, number of investors, expenses and use (	JF PROCEEDS	
1 and total expenses furnished in response	te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the		\$ <u>3,638,000</u>
used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		
and any across proceeds to the insuct set	The superior to Fact O Question 4.0 acore.	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		<b>\$</b>	
Purchase of real estate		<b>\$</b>	
Purchase, rental or leasing and installation	on of machinery and equipment	□ \$	
Construction or leasing of plant building	gs and facilities	□ <b>\$</b>	
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	□ \$	⊠ \$_N/A
- ·		□ \$	
• •		□ \$	
• •		□ \$	
		□ \$	
Column Totals		⊔ ₃	₩ 3 <u>3,038,000</u>
Total Payments Listed (column totals ad	lded)	<b>⊠</b> \$ <u>3</u>	5,638,500
	D. FEDERAL SIGNATURE	<u> </u>	
following signature constitutes an undertaki	e signed by the undersigned duly authorized person. If ng by the issuer to furnish to the U.S. Securities and Exch issuer to any non-accredited investor pursuant to paragrap.	ange Commission, u	pon written request
Issuer (Print or Type)	Signature	Date	
HPA Holding Corporation	1 Olly Nouse	September 8	3, 2006
<u> </u>			
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
D. H. D	Provident and Chica Francis Communication		
Rolly Rouse	President and Chief Executive Officer		

## — ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230 of such rule?	.262 presently subject to any of the disqualification provisions	Yes No □ ⊠
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby under Form D (17 CFR 239,500) at such t	takes to furnish to any state administrator of any state in which this notice mes as required by state law.	is filed, a notice on
3. The undersigned issuer hereby under issuer to offerees.	takes to furnishto the state administrators, upon written request, information	on furnished by the
limited Offering Exemption (ULOE	at the issuer is familiar with the conditions that must be satisfied to be entill of the state in which this notice is filed and understands that the issuer cluestablishing that these conditions have been satisfied.	
The issuer has read this notification and undersigned duly authorized person.	knows the contents to be true and has duly caused this notice to be signed	on its behalf by the
Issuer (Print or Type)	Signature Da	te
HPA Holding Corporation	olly ouse se	ptember 8, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Rolly Rouse	President and Chief Executive Officer	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy & every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3				5		
	to non-	d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of i amount pure (Part (	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Series A Convertible Preferred Stock and Series A-1 Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA			-						
CO									
CT		X	\$3,669,000	1	\$220,000	0	\$0		X
DE									
DC									
FL		X	\$3,669,000	1	\$75,000	0	\$0		X
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		X	\$3,669,000	1	\$1,150,000	0	\$0		X
MA		X	\$3,669,000	6	\$1,020,000	0	\$0		Х
MI									

# APPENDIX

1	Inten to non-	d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price		Type o	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
	(1.51)		offered in state (Part C Item 1)		(Fai	t C-Item 2)		(Part E-Item 1)		
State	Yes	No	Series A Convertible Preferred Stock and Series A-1 Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MN										
MS										
MO										
MT										
NE										
NV										
NH		X	\$3,669,000	1	\$25,000	0	\$0		Х	
NJ		Х	\$3,669,000	1	\$50,000	0	\$0		Х	
NM										
NY										
NC										
ND										
ОН							1			
OK										
OR										
PA										
RI										
SC										
SD										
TN										
TX										
UT						·		,		
VT										

# APPENDIX

1	to non-	d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)		Type o amount pi (Par	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Series A Convertible Preferred Stock and Series A-1 Convertible Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
VA									
WA									
WV									
WI									
WY									
PR									
Intern.									